



# Texas Board of Physical Therapy Examiners

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## Supervisor Affidavit for a Temporary PT or PTA Licensee

**This original form must be signed by the supervising PT or PTA and the applicant, notarized, and received in the Board office before a temporary license can be issued. Copies or faxes will not be accepted.**

I, \_\_\_\_\_, license number \_\_\_\_\_, accept  
(printed name of supervising PT or PTA)

responsibility for the physical therapy clinical supervision of \_\_\_\_\_,  
(printed name of applicant)

During the time I am supervising, I understand that I must:

1. maintain my license in good standing with the board,
2. ensure that I (or my designee) will be onsite and readily available at all times to provide supervision and advice to the temporary license holder and to the patient during physical therapy treatment by the temporary license holder.
3. assign to the temporary license holder only such physical therapy measures, treatments, procedures, and functions as she or he is capable of performing safely and effectively, and that I must verify and record those measures, treatments, procedures and functions I find them qualified to perform.
4. perform periodic review of the status of every patient treated by the temporary license holder, and make modifications and adjustments in the patient's treatment plan as appropriate and necessary.

I understand that if for any reason I am unable to fulfill my supervisory responsibilities, or if I or the temporary license holder no longer work at this facility, it is my obligation to report this to the board immediately.

I have read and understand the above requirements. Should I fail to properly fulfill my obligations as outlined, I understand that my license shall be subject to sanctions by the board.

\_\_\_\_\_  
Signature of Supervising PT or PTA

**State of Texas,  
County of:** \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_, 200\_\_\_\_.

by \_\_\_\_\_  
(name of supervising PT or PTA)

(Notary Stamp)

\_\_\_\_\_  
Notary Public in and for the state of Texas

My commission expires:\_\_\_\_\_

**NOTE: The Texas Board of Physical Therapy Examiners requires that the following information be completed regarding the facility at which the temporary licensee is working. If there is more than one location, please complete the information for the one in which he or she will be working most often.**

### **Facility Information**

**Name of Facility:** \_\_\_\_\_

**Address of Facility:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax#** \_\_\_\_\_

### **Information for the Supervising PT or PTA**

1. If the temporary licensee is a PTA, they may be supervised by a PTA with a permanent license. Otherwise, the supervisor must be a PT with a permanent license.
2. A person with a temporary license must have onsite supervision whenever they are providing physical therapy services.
3. Documentation written by the temporary licensee does not require a co-signature.
4. If the temporary licensee is a PTA, the name of the PT or PTA actually supervising must be in each treatment note, just as it is for a PTA with a regular license.
5. The temporary licensee may use the professional designation of PT or PTA with their signature, as appropriate.
6. The temporary licensee may provide the services which are authorized for a therapist with a permanent license, within the limits of their education and experience. However, the supervising therapist is responsible for determining that the temporary licensee is qualified to provide those services safely.